

Town of Garrett Park



Town Office

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PERMIT FOR TEMPORARY CLOSURE OF TOWN ROADS

Road(s) to be Closed: _____

From/To (Intersection/address): _____

Date(s) of Closure: _____ Time: _____

Reason for Closure: _____

Applicant: _____

Address: _____

Telephone: _____

Email: _____

Signature of Applicant

Permission Granted/Denied: ____/____/200__

Clerk-Treasurer of Garrett Park